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CONFIRMATION NO. 7934

SERIAL NUMBER 10/696,781	FILING OR 371(c) DATE 10/29/2003 RULE	CLASS 607	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. 1023-224US01
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APPLICANTS

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**** CONTINUING DATA *******

This appln claims benefit of 60/422,260 10/31/2002 and claims benefit of 60/503,214 09/15/2003

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 12/08/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MD	SHEETS DRAWING 8	TOTAL CLAIMS 62	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>58</i>				
Verified and Acknowledged	Examiner's Signature <u> </u> Initials <u> </u>				

ADDRESS

28863

TITLE

Neurostimulation therapy manipulation

FILING FEE RECEIVED 3170	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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